

Prior-Authorization Summary

Health Plan ID: 2162519
Health Plan Name: Amerigroup Louisiana, Inc.
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 20131001
Report Period End Date: 20131231

BAYOU HEALTH Reporting

Document ID: PQ188
Document Name: PRIOR AUTHORIZATION & PRE-CER SUMMARY REPORT
Reporting Frequency: Quarterly
Report Due Date: 30th day of the month following end of reporting period
File Type: Excel
Subject Matter: Quality (Q)

Prior-Authorization Summary					Standard Authorizations					Expedited Authorizations	
Plan ID Totals	Type of Service ¹ Totals	Total Requested	Total Approved	Total Denied	Total Requested	% determined within 2 Business days	% determined within 14 Calendar days	% determined within 28 Calendar days	DME- % determined within 25 Calendar days	Total Requested	% complete within 72 hours
		11,144	10,397	747	10,091	99%	100%	100%	100%		100%
2162519	DME-AGP	65	49	16	64	98%	100%	0%	100%	0	0%
2162519	DME-Univita	2268	2268	0	1371	97%	99%	100%	100%	897	98%
2162519	Orthotics/Prosthetics	617	571	46	596	94%	100%	0%	0%	0	0%
2162519	Behavioral Health	2	2	0	2	100%	100%	0%	0%	0	0%
2162519	Home Health-AGP	37	23	14	32	100%	100%	0%	0%	0	0%
2162519	Home Health-Univita	1330	1330	0	1330	99%	100%	100%	0%	0	0%
2162519	Notification	0	0	0	0	0%	0%	0%	0%	0	0%
2162519	Therapy	1381	1352	29	1363	99%	100%	0%	0%	0	0%
2162519	Radiology	2362	2092	270	2358	100%	100%	0%	0%	0	0%
2162519	Other	2331	1959	372	2229	97%	100%	0%	0%	11	100%
2162519	Pharmacy-Univita	747	747	0	742	99%	100%	100%	0%	2	100%
2162519	Vision-Block	4	4	0	4	100%	100%	100%	0%	0	100%

¹ Type of Service including DME (prepaid only), CT, MRI, Home Health, Physical Therapy, etc

² Standard Authorizations are elective procedures not including OB